



**University of Alabama Health Services
Foundation, P.C.**
P.O. Box 55309
Birmingham, Alabama 35255-5309
Return Service Requested

**Questions about this statement, please call
Customer service at 205-731-9050 or Toll Free 1-877-533-0334
Between the hours of 8 AM to 5 PM
FAX: 205-731-9789 EMAIL: msocs@uabmc.edu**

Patient Name: ROBERT MCCRAY

] Please check box if below address is incorrect or insurance information has changed and indicate change(s) on reverse side.

ROBERT MCCRAY
PO BOX 56
ELMORE, AL 36025

[EXHIBIT (D)]

AHSF
DEPARTMENT 2050
O BOX 2153
IRMINGHAM, AL 35287-2050

000300019219951005000020000000000000005

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Provider	Invoice No.	Description	Transactions
02/24/2005	CHHIENG MD	7835720	CONSULT,REFER SLIDE SUBTOTAL----->	200.00 200.00

Customer Service at 205-731-9050
Toll Free at 1-877-533-0334

Please make checks payable to: UAHSF MSO

Patient Balance: 200.00

THIS ACCOUNT IS NOW DELINQUENT. PLEASE PAY THE ACCOUNT IN FULL
OR WE WILL BE FORCED TO INITIATE COLLECTION PROCEEDINGS.

**University of Alabama Health Services
Foundation, P.C.
P.O. Box 55309
Birmingham, Alabama 35255-5309
Tax ID# 63-0649108**

Statement Date: 06/13/2005
Patient Name: ROBERT MCCRAY
Account Number: 000001921995

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION